



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 12, 2007

Anne Mazza, Administrator
The Cottages of Meridian at Bridgetower
3173 West Belltower Drive
Meridian, ID 83642

License #: RC-802

Dear Ms. Mazza:

On February 21, 2007, a life safety code survey was conducted at The Cottages of Meridian at Bridgetower. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

CL/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 23, 2007

Anne Mazza, Administrator
The Cottages of Meridian at Bridgetower
3173 West Belltower Drive
Meridian, ID 83642

Dear Ms. Mazza:

On February 21, 2007, a life safety code survey was conducted at The Cottages of Meridian at Bridgetower. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 23, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R802	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 2 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2007
NAME OF PROVIDER OR SUPPLIER COTTAGES OF MERIDIAN AT BRIDGETOWER,		STREET ADDRESS, CITY, STATE, ZIP CODE 3173 WEST BELLTOWER DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 21, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TF4521

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>College of Mountain of Sledge Tower</i>	Physical Address <i>3173 W. Sledge Tower Lane</i>	Phone Number <i>(208) 208-2220</i>
Administrator <i>Dore Maza</i>	City <i>Malden, Idaho</i>	ZIP Code <i>83642</i>
Survey Team Leader <i>Chris Lauermann</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>2/21/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	625.03.e	No documentation on how to respond to emergencies could be produced. Inservice records could not be found.		
2.	405.01.B	electrical standards/ 3 multi plug adapters without surge protection were found. 4 extension cords were found in rooms 2, 11, 9, and 6 of House 1, and Rooms 9 and 4 in house 2.		
3.	415.04	Fire alarm system documentation could not be found showing the system had been serviced within the last year.		
4.	415.05	Sprinkler system documentation could not be found showing the system had been serviced within the last year.		
5.	410.02.	Fire drill documentation could not be found in its entirety, showing a minimum participation of one drill per shift, per quarter throughout the year.		

Response Required Date <i>3/21/07</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>2-21-07</i>
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